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Image# 201511189003365327

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   F	For Other Than	An Authorized	d Committee			Office Use	e Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼		imple: If typing, r the lines.	type	12FE4MS	;	
American Health Care	Association P	olitical Action	Committee	e 		<u> </u>	
ADDRESS (number and street)	1201 L Street, NV	v					
Check if different than previously reported. (ACC)	Washington				DC	20005	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		;	STATE A	Z	ZIP CODE A
C C00006080		3. IS THIS REPORT	× NEV	W OR	AI (A	MENDED .)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (C	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)	Jun	y 20 (M5) 20 (M6) 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	X Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)  Runoff (12R)
July 15 Quarterly Report (C October 15 Quarterly Report (C January 31 Year-End Report (Y	PRE-EI Report		Convention (120	C) /	Special	(12S)	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)  Termination Report (TER)	POST-I Report	Election for the:	General (30G)	)	Runoff (	1	Special (30S) in the State of
5. Covering Period 10	0 01	2015	through	M M M	31	2015	
I certify that I have examined th Type or Print Name of Treasure	·	•	wledge and bel	ief it is tru	ie, correct ar	d complete	9.
Signature of Treasurer Mr. M	Michael Wylie		[Electronically F	iled] [	Pate 11	M / 18	2015
NOTE: Submission of false, errone	eous, or incomplete	information may su	ubject the person	signing th	nis Report to	he penalties	s of 2 U.S.C. §437g.
Office Use Only						1	FORM 3X ev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### American Health Care Association Political Action Committee

Report Covering the Period: From: 10 01 2015 To: 10 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand  January 1,  2015		213354.30			
	(b) Cash on Hand at Beginning of Reporting Period	142766.56				
	(c) Total Receipts (from Line 19)	45737.16	523846.42			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	188503.72	737200.72			
7.	Total Disbursements (from Line 31)	40973.63	589670.63			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	147530.09	147530.09			
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Health Care Association Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	45184.55	489792.38
(ii) Unitemized	552.61	18881.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	45737.16	508673.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	10000.00
(such as PACs)	7	1000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	45737.16	518673.42
Totals to Line 33, page 5)	43737.10	310073.42
. Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
All Louis Books of	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		,
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		· · · · ·
to Federal Candidates and Other		
Political Committees	0.00	5173.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		, , , , , , , , , , , , , , , , , , , ,
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
_		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	45737.16	523846.42
. Total Federal Receipts		
. IUIAI I GUGIAI I IGUGIPIO		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures(c) Total Operating Expenditures	973.63	12170.63
	(add 21(a)(i), (a)(ii), and (b))▶	973.63	12170.63
22.	Transfers to Affiliated/Other Party	200	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	40000.00	563000.00
24.	Independent Expenditures	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26	Loan Repayments Made	0.00	0.00
.0.	Loan riopaymonio Made		
27. 28.	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	8500.00
			0.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	8500.00
			2000 00
29.	Other Disbursements	0.00	6000.00
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	i i	200	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	40973.63	589670.63
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	40070.00	E00670.00
	from Line 31)	40973.63	589670.63

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(from Line 11(d), page 3)	45737.16	518673.42
4. Total Contribution Refunds (from Line 28(d))	0.00	8500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45737.16	510173.42
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	973.63	12170.63
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	973.63	12170.63

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NOMBER: (check only one)

ı	FOR LINE	E NUMBER	:   PAGE	E 6 OF	27
ı	(check on	lly one)			
	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	17

	d Statements may not be sold or used by any pers the name and address of any political committee t				
NAME OF COMMITTEE (In Full) American Health Care Assoc	iation Political Action Committee				
Full Name (Last, First, Middle Initial)  A. Eileen Baird					
Mailing Address 98 Porters Hill Road		10 12 2015			
City Trumbull	State Zip Code CT 06611	Transaction ID : C3114271  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	2500.00			
Name of Employer  The Lincoln Healthcare Group  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date ▼  2500.00	_			
Full Name (Last, First, Middle Initial)  Michael Beal  Mailing Address 10 Glenwood Road		Date of Receipt  10 15 2015			
City Windham	State Zip Code NH 03087	Transaction ID : C3117138  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	75.00			
Name of Employer Kindred Healthcare	Occupation President				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial)  C. Heath Boddy		Date of Receipt			
Mailing Address 2201 N 98th Street		10 17 2015			
City Lincoln	State Zip Code NE 68505	Transaction ID : C3119409  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	87.50			
Name of Employer  Nebraska Health Care Association	Occupation State Executive	_			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  875.00	-			
SUBTOTAL of Receipts This Page (optional)	····	2662.50			
TOTAL This Period (last page this line numb	per only)				

Use separate schedule(s) for each category of the Detailed Summary Page

			LINE	PAGE		7	OF		27			
(check only one)												
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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Jerome Carmy  Mailing Address 927 Elgin Court  City Fort Collins  FEC ID number of contributing federal political committee.  Name of Employer  Juniper Communities  Receipt For:  Primary General Other (specify)	State Zip Code CO 80524  C  Occupation Executive Director  Aggregate Year-to-Date ▼	Date of Receipt  10 27 2015  Transaction ID: C3179612  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial)  Tom Coble  Mailing Address 717 Franklin Dr  City  Ardmore  FEC ID number of contributing federal political committee.  Name of Employer  Elmbrook Management Company  Receipt For:  Primary General  Other (specify)   This is the second of the	State Zip Code OK 73401-1091  C  Occupation Administrator  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  10 13 2015  Transaction ID: C3179007  Amount of Each Receipt this Period  5000.00
Full Name (Last, First, Middle Initial)  Mary Tess Crotty  Mailing Address 6 Munroe Drive  City Rockport  FEC ID number of contributing federal political committee.  Name of Employer Genesis Health Care Receipt For:  Primary General Other (specify)	State Zip Code MA 01966  C  Occupation VP, Quality  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2015  Transaction ID: C3119462  Amount of Each Receipt this Period  25.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	5050.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	PAGE		8	OF		27			
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	13		14		15		16	;		17

NAME OF COMMITTEE (In Full)  American Health Care Associa	ation Political Action Committee					
Full Name (Last, First, Middle Initial) Jared Elliott						
Mailing Address 3013 63rd Avenue NW		10 12 2015				
City	State Zip Code	Transaction ID : C3114272				
Gig Harbor	WA 98335	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
Extendicare	Vice President					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial) Joanne E Erickson		Date of Receipt				
Mailing Address 911 S Randolph St		10 21 2015				
City	State Zip Code	Transaction ID : C3179014				
Arlington	VA 22204-1564	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	43.48				
Name of Employer	Occupation	1				
American Health Care Association	Senior Director					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	782.60	* Payroll Deduction: \$43.48 Bi-Weekly				
Full Name (Last, First, Middle Initial) . Teresa Eyet	1	Date of Receipt				
Mailing Address 10009 Dallas Ave		10 21 2015				
City	State Zip Code	Transaction ID : C3179015				
Takoma Park	MD 20901-2240	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.87				
Name of Employer	Occupation	+				
American Health Care Association	Senior Director, Education					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General		* Payroll Deduction: \$50.87 Bi-Weekly				
Other (specify) ▼	864.79					
		344.35				
SUBTOTAL of Receipts This Page (optional)						

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LIN	E NU	MBER	:	PAGE		9	OF	27
FOR LINE NUMBER: PAGE S (check only one)  X 11a 11b 11c 11c 13									
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	13		14		15		16		17

	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  Peggy Fairbanks		Date of Receipt
Mailing Address 19915 Nina Street		10 07 2015
City	State Zip Code	Transaction ID : C3111311
Omaha	NE 68130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	ı
Vetter Health Services	RN - Leadership Development	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  James H. Gomez		Date of Receipt
Mailing Address 2201 K St	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : C3111312
Sacramento	CA 95816-4922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
CA Association of Health Facilities	CEO/President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  C. Pamela Griffin		Date of Receipt
Mailing Address 1120 Walnut St.		10 05 2015
City	State Zip Code	Transaction ID : C3110709
North Bend	NE 68649-5012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Birchwood Manor	Owner/President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
on necepto mio rage (optional)	<b>&gt;</b>	
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 10 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) William J. Griffith Date of Receipt Mailing Address 1825 7th Street, NW #901 2015 10 21 City State Zip Code Transaction ID: C3179016 DC Washington 20001 Amount of Each Receipt this Period FEC ID number of contributing C 21.74 federal political committee. Name of Employer Occupation Senior Manager, Political Affairs American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$21.74 Bi-Weekly 390.41 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer S Hahs Date of Receipt Mailing Address 12423 Flint Street 10 21 2015 City State Zip Code Transaction ID: C3179017 Overland Park KS 66213 Amount of Each Receipt this Period FEC ID number of contributing 45.45 federal political committee. Name of Employer Occupation American Health Care Association Senior Director, Political Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$45.45 Bi-Weekly 770.64 Other (specify) Full Name (Last, First, Middle Initial) **c.** Richard Herrick Date of Receipt Mailing Address 33 Elk Street 10 07 2015 City Zip Code State Transaction ID: C3111313 NY Albany 12207 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation President NYS Health Facilities Association Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 317.19 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Gail Jernigan Date of Receipt Mailing Address 14219 Oxford Drive 2015 10 City Zip Code State Transaction ID: C3114270 MD Laurel 20707 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Administrator Transitions Healthcare LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. David A Kyllo Date of Receipt Mailing Address 4621 28th Road South 10 21 2015 City State Zip Code Transaction ID: C3179019 VA Arlington 22206 Amount of Each Receipt this Period FEC ID number of contributing 108.70 federal political committee. Name of Employer Occupation AHCA/NCAL VP, Insurance and Member Programs Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$108.70 Bi-Weekly 1956.50 Other (specify) Full Name (Last, First, Middle Initial) c. Meg LaPorte Date of Receipt Mailing Address 7708 Meadow Lane 10 21 2015 City State Zip Code Transaction ID: C3179020 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing 78.26 С federal political committee. Name of Employer Occupation AHCA/NCAL Senior Policy Director Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$78.26 Bi-Weekly 1345.00 Other (specify) 436.96 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Emily J. McDonald Date of Receipt Mailing Address 1636 Ebenezer Road 05 2015 10 City State Zip Code Transaction ID: C3114275 Florien LA 71429 Amount of Each Receipt this Period FEC ID number of contributing C 386.00 federal political committee. Name of Employer Occupation Payroll Administrator Nexion Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 386.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** David Norsworthy Date of Receipt Mailing Address PO Box 180 10 04 2015 City State Zip Code Transaction ID: C3110346 AR Gateway 72733 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Norsworthy Therapy Consulting, P.A. President Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher Parks Date of Receipt Mailing Address 1730 Truro Rd 10 21 2015 City Zip Code State Transaction ID: C3179021 MD Crofton 21114-2520 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Director of IT and Operations American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$25.00 Bi-Weekly 370.83 Other (specify) 5411.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Clifton Porter Date of Receipt Mailing Address 3929 Azalea Court 10 2015 21 City Zip Code State Transaction ID: C3179022 OH Maumee 43537 Amount of Each Receipt this Period FEC ID number of contributing C 192.31 federal political committee. Name of Employer Occupation **SVP Government Relations** American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$192.31 Bi-Weekly 4038.51 Other (specify) Full Name (Last, First, Middle Initial) B. Mebane Pruitt Date of Receipt Mailing Address 1626 Jeurgens Ct 10 28 2015 City State Zip Code Transaction ID: C3180648 GA **Norcross** 30093 Amount of Each Receipt this Period FEC ID number of contributing 1668.00 federal political committee. Name of Employer Occupation N/A Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 1668.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Neil L. Pruitt Jr. Date of Receipt Mailing Address 1626 Jeurgens Ct 2015 10 28 City State Zip Code Transaction ID: C3180647 GA Norcross 30093 Amount of Each Receipt this Period FEC ID number of contributing 1668.00 С federal political committee. Name of Employer Occupation President PruittHealth Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 3528.31 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	ck only 11a 13		e) 11b 14		11c	1 1	12 16	17	
from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions										1	

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Tara Roberts Date of Receipt Mailing Address 269 Harders Crossing Blvd 10 2015 City Zip Code State Transaction ID: C3119463 71106-8526 Shreveport LA Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation VP of Rehab and Wound Care Srvc Nexion Health Management Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Salmon Date of Receipt Mailing Address 85 Beaumont Dr 10 26 2015 City State Zip Code Transaction ID: C3179586 Northbridge MA 01534-1093 Amount of Each Receipt this Period FEC ID number of contributing 550.00 federal political committee. Name of Employer Occupation Beaumont Nursing Home Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer S Shimer Date of Receipt Mailing Address 9507 Shelly Krasnow Ln M M / 2015 10 21 City Zip Code State Transaction ID: C3179025 VA Fairfax 22031-4720 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation COO American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$50.00 Bi-Weekly 745.45 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Philip Sweeney Date of Receipt Mailing Address 20 Davis Blvd 10 2015 21 City State Zip Code Transaction ID: C3179012 **New Orleans** LA 70121-2206 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Administrator Nexion Health, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Drew Thies Date of Receipt Mailing Address 1101 L Street NW Apt. 504 10 21 2015 City State Zip Code Transaction ID: C3179026 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 21.74 federal political committee. Name of Employer Occupation **AHCA** Manager, Political and Grassroots Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$21.74 Bi-Weekly 369.58 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Warren Date of Receipt Mailing Address 7308 Rolling Stone Circle 2015 10 26 City Zip Code State Transaction ID: C3179008 TX Austin 78739 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation State Executive Texas Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 3021.74 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Michael Wylie Date of Receipt Mailing Address 205 Fairview Road 10 2015 02 City State Zip Code Transaction ID: C3114273 PΑ Clarks Green 18411 Amount of Each Receipt this Period FEC ID number of contributing C 312.50 federal political committee. Name of Employer Occupation VP Development Genesis Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 937.50 Other (specify) Full Name (Last, First, Middle Initial) B. Medicalodges Political Advisory Fund, LLC Date of Receipt Mailing Address PO Box 509 10 05 2015 City State Zip Code Transaction ID: C3114276 KS Coffeyville 67337 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Garen Cox Date of Receipt Mailing Address 201 West Eighth Street PO Box 509 10 05 2015 City State Zip Code Transaction ID: C3114277 KS Coffeyville 67337-0509 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Name of Employer Occupation Vice President Medicalodges, Inc. Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 5312.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOR LINE NUMBER:	PAGE 17 OF	27
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b	11c 12	
,	13 14	15 16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	he name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Medicaloges Fort Scott Political Adv  Mailing Address 201 W. 8th St.  City Coffeyville  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code KS 67337  C  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  10 05 2015  Transaction ID: C3114278  Amount of Each Receipt this Period  5000.00  LLC - Members below if itemized. Permissible funds
Full Name (Last, First, Middle Initial)  Fred Benjamin  Mailing Address 201 W 8th St  City  Coffeyville  FEC ID number of contributing federal political committee.	State Zip Code KS 67337-5807	Date of Receipt  10 05 2015  Transaction ID : C3114279  Amount of Each Receipt this Period  5000.00
Name of Employer  Medicalodges Fort Scott LLC  Receipt For:  Primary General  Other (specify) ▼	Occupation Partner  Aggregate Year-to-Date ▼  5000.00	[MEMO ITEM]
Full Name (Last, First, Middle Initial)  Medicalodges Kansas City Politi  Mailing Address 201 W. 8th St.  City Coffeyville  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	Cal Advisory Fund, LLC  State Zip Code KS 67337  C  Occupation  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  10 05 2015  Transaction ID: C3114280  Amount of Each Receipt this Period  5000.00  LLC - Members below if itemized. Permissible funds
SUBTOTAL of Receipts This Page (optional)		10000.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 18 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Shannon Lager Date of Receipt Mailing Address 201 W. 8th Street 05 2015 10 City State Zip Code Transaction ID: C3114281 KS Coffeyville 67337 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Vice President & COO Medicalodges, Inc. Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Medicalodges Arkansas City Political Advisory Fund, LLC Date of Receipt Mailing Address 201 W. 8th Street 10 05 2015 City State Zip Code Transaction ID: C3114282 KS Coffeyville 67337 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General LLC - Members below if itemized. Permissible funds. 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Scott Hines Date of Receipt Mailing Address 201 W. 8th Street 2015 10 05 City State Zip Code Transaction ID: C3114299 KS Coffeyville 67337 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Name of Employer Occupation Vice President & CFO Medicalodges, Inc. Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE	NUMBER	: PAGE	E 19 OF	27
ı	(check onl	y one)			
	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	17

	Statements may not be sold or used by any pers he name and address of any political committee to				
NAME OF COMMITTEE (In Full)	D. III. 1 A 2				
/ American Health Care Associa	ation Political Action Committee				
Full Name (Last, First, Middle Initial)  Briar Hill Management, LLC		Date of Receipt			
Mailing Address PO Box 2712		10 13 2015			
City	Transaction ID : C3179010				
Ridgeland	MS 39158-2712	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	2500.00			
Name of Employer	Occupation				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	PARTNERSHIPpartners below if itemized			
Full Name (Last, First, Middle Initial)  Robert Rotolo		Date of Receipt			
Mailing Address PO Box 3376		10 13 _ 2015 _			
City	10 13 2015 Transaction ID : C3179011				
Ridgeland	MS 39158	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	2500.00			
Name of Employer Briar Hill Management	· ·				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	[MEMO ITEM] *			
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		M = M / D = D / Y = Y = Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer	Occupation				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional).		2500.00			
TOTAL This Period (last page this line number	er only)	45184.55			

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 20 OF 2					
ITEMIZED DISBURSEMENTS	Use separate schedule(s	)   FOR LINE (check only	NOMBELL:					
II LIMILLO DISDUNSLIVILINIS	for each category of the Detailed Summary Page	X 21b	22 23 24 25 26					
	Detailed Summary Page	27	28a 28b 28c 29 30b					
Any information copied from such Reports and State								
or for commercial purposes, other than using the na	me and address of any polit	ical committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)  American Health Care Association	Political Action Co	mmittoo						
	. i Ullical Action C0 	ııııııııı <del>ce</del>						
Full Name (Last, First, Middle Initial)			B (B) .					
A. American Express			Date of Disbursement					
Mailing Address PO Box 53773			10 07 2015					
City	State Zip Code		Transaction ID - D4004F0					
Phoenix	AZ 85072-3773		Transaction ID : D169159					
Purpose of Disbursement Credit Card Processing Fees			Amount of Each Disbursement this Period					
Candidate Name		Cotto visite (	Amount of Each Dispulsement this Fellou					
-		Category/ Type	8.00					
	ment For:							
Senate	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. American Express			Date of Disbursement					
			M = M / D = D / Y = Y = Y					
Mailing Address PO Box 53773			10 14 2015					
City	State Zip Code		Transaction ID : D169160					
Phoenix Purpose of Disbursement	AZ 85072-3773							
Credit Card Processing Fees			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type	80.00					
	ment For:							
Senate President	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C. American Express			Date of Disbursement					
<u> </u>			M M / D D / Y Y Y Y					
Mailing Address PO Box 53773			10 19 2015					
City	State Zip Code		Transaction ID - D450454					
Phoenix	AZ 85072-3773		Transaction ID : D169161					
Purpose of Disbursement Credit Card Processing Fees								
Candidate Name		Cotto visitati	Amount of Each Disbursement this Period					
•		Category/ Type	3.68					
Office Sought: House Disburse	ment For:							
Senate	Primary General							
President Pietriet:	Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional).			91.68					
COSTOTAL OF DISDUISEMENTS THIS Page (optional).		<u> </u>						
TOTAL This Period (last page this line number only	r)							

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SCHEDULE B (FEC Form 3X)	11	, FOR LIN	OR LINE NUMBER: PAG				= 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(CITCON O				25 5	
	Detailed Summary Page	X 21		23 28b	24 28c	25 29	26 30b
Any information copied from such Reports and Stat		sed by any pe	erson for the	purpose of s	soliciting cor	ntributio	ons
or for commercial purposes, other than using the na	ame and address of any polit	ical committee	to solicit co	ntributions fro	om such cor	mmitte	э.
NAME OF COMMITTEE (In Full)  American Health Care Association	n Political Action Co	mmittoo					
American Health Care Association	T F Ullical Action Co						
Full Name (Last, First, Middle Initial)			Date of	f Disburseme	ant		
A. American Express			M M			YY	
Mailing Address PO Box 53773			10	21	20		
City	State Zip Code		Trans	saction ID : D	1160162		
Phoenix Purpose of Disbursement	AZ 85072-3773			action ib . L	7103102		
Credit Card Processing Fees			Amoun	t of Each Dis	sbursement	this Pe	eriod
Candidate Name		Category/	'   -			8.0	10
Office Sought: House Disburs	ement For:	Туре		7	7	0.0	70
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)  B. American Express			Date of	f Disburseme	ent		
2. American Express			M M	/ D D		YY	
Mailing Address PO Box 53773			10	30	20	15	
City Phoenix	State         Zip Code           AZ         85072-3773		Trans	saction ID : [	D169163		
Purpose of Disbursement Credit Card Processing Fees			Amoun	t of Each Dis	sbursement	this Pe	eriod
Candidate Name		Category/	'			400	75
Office County		Type	_	7		106.7	10
Office Sought: House Disburs Senate	ement For:  Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)  C. BB&T Merchant Services			Date of	f Disburseme	ent		
- BB&T Welchant Services			M = M	/ D D		Y	
Mailing Address PO Box 200			10	15	20	15	_
City	State Zip Code NC 27894-0200		Trans	saction ID : [	D169158		
Wilson Purpose of Disbursement	NC 27894-0200						
Credit Card Processing Fees			Amoun	t of Each Dis	sbursement	this Pe	eriod
Candidate Name		Category/ Type				383.7	79
Office Sought: House Disburs	ement For:	Type		7	1	-	
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)						498.5	i4
			- ===			-	一
TOTAL This Period (last page this line number on	y)	·····					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	INOMBEIT.
	for each category of the Detailed Summary Page	X 21b	22 23 24 25 26
		27	28a 28b 28c 29 30
Any information copied from such Reports and State			
or for commercial purposes, other than using the nar	ne and address of any politica	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			
A. BB&T			Date of Disbursement
Mailing Address 1099 New York Ave NW			10 21 2015
Ste 100			10 21 2010
City	State Zip Code		Transaction ID : D169156
Washington	DC 20001-4452		Transaction ID: D169156
Purpose of Disbursement Bank Fees			Amount of Fook Diskursenset this Davied
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	317.86
Office Sought: House Disburse	ment For:	1,700	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			5. (5.)
3. BB&T			Date of Disbursement
Mailing Address 1099 New York Ave NW			10 21 2015
Ste 100			10 21 2010
City	State Zip Code		Transaction ID : D169157
Washington	DC 20001-4452		11411343431112 : 2100101
Purpose of Disbursement Bank Fees			Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Feriod
		Category/ Type	65.55
Office Sought: House Disburse	ment For:	71	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
<b>J</b> .			
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Oity	otate Zip oode		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disburse	ment For:	Туре	
Senate Dispulse	Primary General		
President	Other (specify)		
State: District:	<b>₹1</b>		
SUBTOTAL of Disbursements This Page (optional)			383.41
		<u> </u>	
TOTAL This Period (last page this line number only	)		973.63

SC	HEDULE B (FEC Form 3X)			T -	FOR LINE NUMBER: PAGE				PAGE	E 23 OF 2	27			
	MIZED DISBURSEMENTS		arate schedule(s)	- 1	_	k only	TYOMBETT.						<u> </u>	
	ED DIODONOLINENTIO		category of the Summary Page	`		21b	22	X	23		24	25		26
		Dottallod	- animary rage			27	28a		28b		28c	29		30b
	information copied from such Reports and Staten													
	or commercial purposes, other than using the name	ne and addr	ess of any politi	cal cor	nmit	tee to	solicit co	ontrib	utions	fron	1 such (	commi	tee.	
<b>\</b>	NAME OF COMMITTEE (In Full)	Dalidiaal		: 41										
/ '	American Health Care Association	Political	Action Cor	nmit	tee	•								
F	Full Name (Last, First, Middle Initial)													
Α.	Dakota Prairie PAC						Date of	of Dis	sburse	ment	1			
_	Mailing Address 600 Pennsylvania Ave SE						10	1 /		9		y = y 2015	Y	
,	Suite 210						10		-	9		2013		
(		State	Zip Code				T	4	: ID	. D4				
	Vashington	DC	20003				iran	sacti	טו ion	: טו	68768			
	Purpose of Disbursement Contribution						A			Diah			Davia	
	Candidate Name				_		Amour	IL OI	Eacn	DISD	urseme	ni inis	Period	۱
	Sandidate Name				egor ype	ry/						500	0.00	
(	Office Sought: House Disbursen	nent For:			71-						,			
	Senate	Primary	General											
		Other (spec	cify) 🔻											
_	State: District:													
	Full Name (Last, First, Middle Initial)						Date o	of Die	shurco	mon	•			
υ.	DIRIGO PAC						M N					Y Y	V	
N	Mailing Address PO Box 1355						10	"   "		9		2015	Y	
	,	State	Zip Code				Tran	sact	ion ID	: D1	68766			
	Alexandria Purpose of Disbursement	VA	22313											
	Contribution			г			Amour	nt of	Each	Disb	urseme	nt this	Perio	d
7	Candidate Name			Cat	egor	0//					П			
					ype	, , ,			7		7	500	0.00	_
Ō	Office Sought: House Disbursen													
		Primary	General											
ç	President State: District:	Other (spec	city) 🔻											
	Full Name (Last, First, Middle Initial)													
_	Jobs, Opportunity and New Ideas F	PAC					Date of	of Dis	sburse	emen	t			
_							M I N	1 /	D	D	/ Y	ΥΥΥ	Υ	
N	Mailing Address PO Box 93441						10		2	7		2015		
-	Dity S	State	Zip Code											
	Des Moines	IA	50393				Tran	sact	ion ID	: D1	68910			
	Purpose of Disbursement			$\overline{}$	-	$\overline{}$								
_	Contribution			L.			Amour	nt of	Each	Disb	urseme	nt this	Perio	b
(	Candidate Name				egor	ry/			-			250	0.00	П
7	Office Sought: House Disbursen	nent Ecr		Т	ype			-	7	_	7			
		Primary	General											
		Other (spec												
5	State: District:	` .	••											
	,						1	_	-	_		_	_	╗
su	BTOTAL of Disbursements This Page (optional)					•			7		7	1250	0.00	
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10	TAL This Period (last page this line number only)								m =		(8)			

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SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny		04 🗆 05		
	Detailed Summary Page	21b	22 X 23 28b	24 25 26 30b		
Any information copied from such Reports and Statem	pents may not be sold or us					
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
American Health Care Association	Political Action Cor	nmittee				
Full Name (Last, First, Middle Initial)						
A. JOE KENNEDY FOR CONGRESS			Date of Disbursement	t		
Mailing Address PO BOX 590464			10 15	2015		
Mailing Address FO BOX 390404			10 13	2013		
,	tate Zip Code		Transaction ID : D1	68705		
Newton Center Purpose of Disbursement	MA 02459					
Contribution			Amount of Each Disb	ursement this Period		
Candidate Name		Category/		5000.00		
Rep. Joseph P. Kennedy III		Type	-	5000.00		
	nent For: 2016 Primary General					
	Other (specify)					
State: MA District: 04						
Full Name (Last, First, Middle Initial)						
B. MAJORITY COMMITTEE PACMO	CPAC		Date of Disbursement			
Mailing Address P.O. BOX 10134			10 / D D D 27	2015		
City	state Zip Code					
BAKERSFIELD	CA 93389		Transaction ID : D1	68912		
Purpose of Disbursement Contribution			Amount of Each Disb	ureament this Pariod		
Candidate Name		Catalan	AMOUNT OF EACH DISD	ursement this Pellou		
		Category/ Type		2500.00		
Office Sought: House Disbursem						
	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. ORRINPAC			Date of Disbursement	t		
Mailing Address 475 C WEST TEMPLE SUITE 553			10 19	2015		
Mailing Address 175 S. WEST TEMPLE, SUITE 650	•		10 19	2010		
,	itate Zip Code		Transaction ID : D1	68763		
SALT LAKE CITY Purpose of Disbursement	UT 84101					
Contribution			Amount of Each Disb	ursement this Period		
Candidate Name		Category/ Type		2500.00		
Office Sought: House Disbursem	nent For:	.,,,,				
Senate	Primary General					
	Other (specify) ▼					
State: District:						
CURTOTAL of Dishurasements This Dane (authors)				10000.00		
SUBTOTAL of Disbursements This Page (optional)		·····•		.5555.55		
TOTAL This Period (last page this line number only).		·····•				

SCHEDULE B (FEC Form 3X)		. FOR LINE	NUMBER: PAGE 25 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(s) (check only	v one)
	Detailed Summary Pag	e   $\square^{210}$	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
	no and address of any po	micai committee to	, some commoduons nom such commuce.
NAME OF COMMITTEE (In Full)	Political Action C	ommittoo	
American Health Care Association	Political Action Co	Omminittee	
Full Name (Last, First, Middle Initial)			
A. DENNY HECK FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 235			10 27 2015
City	State Zip Code		
OLYMPIA	WA 98507		Transaction ID : D168913
Purpose of Disbursement			
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	4500.00
Rep. Denny Heck		Type	1500.00
	ment For: 2016		
Senate	Primary General	I	
President Pictriot: 40	Other (specify) ▼		
State: WA District: 10			
Full Name (Last, First, Middle Initial)			Date of Disbursement
B. TIBERI FOR CONGRESS			
Mailing Address 2931 E Dublin Granville Road			10 27 2015
2931 E Dubilit Glativille Road			.0 2, 2010
City	State Zip Code		Transaction ID : D168911
Columbus	OH 43231		1141154611011 ID : D100911
Purpose of Disbursement Contribution			
		_	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Pat Tiberi  Office Sought:  House Disburse	ment For: 2016	Туре	
	Primary General		
President	Other (specify)	•	
State: OH District: 12	- 3.101 (GP 00.1)		
Full Name (Last, First, Middle Initial)			
C. WELCH FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 1682			10 19 2015
Otto	01-1-		
City BURLINGTON	State Zip Code VT 05402		Transaction ID: D168765
Purpose of Disbursement	v i U04U2		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Catagory	Amount of Lacit Dispulsement this Fellou
Rep. Peter Welch		Category/ Type	1000.00
•	ment For: 2016	1	
Senate	Primary Genera	ı	
President	Other (specify) ▼		
State: VT District: 01			
SUBTOTAL of Disbursements This Page (optional)		·····	5000.00
		<u> </u>	
TOTAL This Period (last page this line number only	)	·····	

20	CHEDULE B (FEC Form 3X)													
	` '	Lloo oor	parate schedule(s)				IUMBER	:		L	PAGE	26	OF	27
ITE	EMIZED DISBURSEMENTS		category of the	(ch		only	′		00					
			Summary Page			21b	22	-	23		24	25		26
						27	28a	1 1	28b	2	28c	29		30b
	y information copied from such Reports and State													;
or	for commercial purposes, other than using the nar	me and add	dress of any polition	cal com	nmitte	ee to	solicit co	ntribu	tions	from	such	commi	ttee.	
	NAME OF COMMITTEE (In Full)													
	American Health Care Association	Politica	al Action Con	nmitt	ee									
	Full Name (Last, First, Middle Initial)													
Α.	RICHARD E NEAL FOR CONGRE	ESS CO	MMITTEE				Date o	of Disk	ourser	nent				
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	Mailing Address 76 MAGNOLIA TERRACE						10		15	5		2015		
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	Office Sought: House Disburse	ment For:	2016											
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В.	RICHARD E NEAL FOR CONGRE	ESS CC	MMITTEE				Date o	of Disk	ourser	nent				
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	Mailing Address 76 MAGNOLIA TERRACE						10		15	5		2015		
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 27 OF 27							
ITEMIZED DISBURSEMENTS	Use separate schedule(s	) (check only	NOMBER:						
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🖂 26						
		27	28a 28b 28c 29 30l						
Any information copied from such Reports and State	ments may not be sold or u	sed by any person	on for the purpose of soliciting contributions						
or for commercial purposes, other than using the nar	me and address of any polit	ical committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	Dalitiaal Astian Os								
American Health Care Association	Political Action Co	mmittee							
Full Name (Last, First, Middle Initial)									
A. PEOPLE FOR PATTY MURRAY	Date of Disbursement  10 01 2015								
Mailing Address PO BOX 3662									
,	State Zip Code		Transaction ID : D168478						
SEATTLE Purpose of Disbursement	WA 98124		Transaction 12 1 2 100 110						
Contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/							
Sen. Patty Murray		Type	500.00						
Office Sought: House Disburse	ment For: 2016								
Senate X	Primary General								
State: WA District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
B. PEOPLE FOR PATTY MURRAY									
1 E OT E E T OTCT / CTTT MOTOCO	M M / D D / Y Y Y Y								
Mailing Address PO BOX 3662	10 01 2015								
Oit.									
City SEATTLE	State Zip Code WA 98124		Transaction ID : D168479						
Purpose of Disbursement									
Contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/	2000.00						
Sen. Patty Murray  Office Sought: House Disburse	ment For: 2016	Туре	1000.00						
✓ Senate	Primary Seneral								
President	Other (specify)								
State: WA District:	(-								
Full Name (Last, First, Middle Initial)									
C.	Date of Disbursement								
Matter a Address	M = M / D = D / Y = Y = Y								
Mailing Address									
City	State Zip Code								
Purpose of Disbursement									
·	Amount of Each Disbursement this Period								
Candidate Name		Category/							
		Type							
	ment For:								
Senate President	Primary General								
State: District:	Other (specify) ▼								
SUBTOTAL of Disbursements This Page (optional)			2500.00						
TOTAL This Period (last page this line number only	)		40000.00						